

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE

15 APR 15 PM 2:16

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

WALSH FOR MONTANA

ADDRESS (number and street)

3242 Cummins Way

Check if different
than previously
reported. (ACC)

Missoula

MT

59802

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00550640

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MT

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y
2015

through

M M /

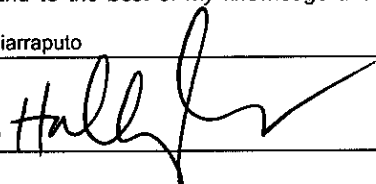
D D /

Y Y Y Y Y Y
2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Holly Giarraputo

Signature of Treasurer

~~Holly Giarraputo~~

Date

04 /

13 /

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

WALSH FOR MONTANA

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	5

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e)) ..

0.00

32931.80

(b) Total Contribution Refunds
(from Line 20(d)) ..

0.00

0.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)) ...

0.00

32931.80

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17) ..

13565.31

13565.31

(b) Total Offsets to Operating
Expenditures (from Line 14)...

170.00

170.00

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)) ...

13395.31

13395.31

8. Cash on Hand at Close of
Reporting Period (from Line 27)...

13236.49

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)...

0.00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)...

0.00

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 9

Write or Type Committee Name

WALSH FOR MONTANA

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2015

To:

MM / DD / YYYY
03 / 31 / 2015

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) ...

0.00

32931.80

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions from individuals .

0.00

32931.80

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ..

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

32931.80

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

170.00

170.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

170.00

33101.80

15070127547

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 9

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

13565.31

13565.31

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES ..

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate...

0.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b))...

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees ...

0.00

0.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees
(such as PACs) ..

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c))...

0.00

0.00

21. OTHER DISBURSEMENTS ...

6300.00

6300.00

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

19865.31

19865.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

32931.80

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

170.00

25. SUBTOTAL (add Line 23 and Line 24)...

33101.80

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

19865.31

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25)...

13236.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 9

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WALSH FOR MONTANA

Full Name (Last, First, Middle Initial)

A. Campaign Compliance, Inc.

Mailing Address 3242 Cummins Way

City State Zip Code
Missoula MT 59802

Purpose of Disbursement
Accounting fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2015

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4102

Category/
Type

Full Name (Last, First, Middle Initial)

B. Campaign Compliance, Inc.

Mailing Address 3242 Cummins Way

City State Zip Code
Missoula MT 59802

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2015

Amount of Each Disbursement this Period

5.39

Transaction ID : SB17.4104

Category/
Type

Full Name (Last, First, Middle Initial)

C. Campaign Compliance, Inc.

Mailing Address 3242 Cummins Way

City State Zip Code
Missoula MT 59802

Purpose of Disbursement
Accounting fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2015

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4117

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

4005.39

150701197951

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
WALSH FOR MONTANA

A. Campaign Compliance, Inc. Full Name (Last, First, Middle Initial) Mailing Address 3242 Cummins Way City Missoula State MT Zip Code 59802 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement MM / DD / YYYY 02 / 02 / 2015 Amount of Each Disbursement this Period 26.75 Transaction ID : SB17.4118
B. Campaign Compliance, Inc. Full Name (Last, First, Middle Initial) Mailing Address 3242 Cummins Way City Missoula State MT Zip Code 59802 Purpose of Disbursement Accounting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement MM / DD / YYYY 03 / 03 / 2015 Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4128
C. Campaign Compliance, Inc. Full Name (Last, First, Middle Initial) Mailing Address 3242 Cummins Way City Missoula State MT Zip Code 59802 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement MM / DD / YYYY 03 / 03 / 2015 Amount of Each Disbursement this Period 0.98 Transaction ID : SB17.4129
SUBTOTAL of Disbursements This Page (optional).....			1527.73
TOTAL This Period (last page this line number only).....			1527.73

15070127350

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
WALSH FOR MONTANA

Full Name (Last, First, Middle Initial)

A. Montana State Fund

Mailing Address PO Box 31477

City State Zip Code
Billings MT 59107

Purpose of Disbursement
Workers compensation insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
.01 / 22 / 2015

Amount of Each Disbursement this Period

3255.38

Transaction ID : SB17.4113

B. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 3060 Williams Dr.
Suite 200

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement
Payroll fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2015

Amount of Each Disbursement this Period

190.75

Transaction ID : SB17.4124

C. JOHN E WALSH

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1724

City State Zip Code
HELENA MT 59624

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: MT District: 00

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Amount of Each Disbursement this Period

3967.30

Transaction ID : SB17.4107

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7413.43

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
WALSH FOR MONTANA

Full Name (Last, First, Middle Initial)

A. North American

Mailing Address PO Box 988

City State Zip Code
Fort Wayne IN 46801

Purpose of Disbursement
Moving expense

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Amount of Each Disbursement this Period

3967.30

Transaction ID : SB17.4107.0

[MEMO ITEM]

B. JOHN E WALSH

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1724

City State Zip Code
HELENA MT 59624

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: MT District: 00

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2015

Amount of Each Disbursement this Period

355.22

Transaction ID : SB17.4135

c. National Car Rental

Full Name (Last, First, Middle Initial)

Mailing Address 2850 Skyway Dr,

City State Zip Code
Helena MT 59601

Purpose of Disbursement
Ground transportation

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2015

Amount of Each Disbursement this Period

55.19

Transaction ID : SB17.4135.2

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

355.22

13301.77

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 9

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
WALSH FOR MONTANA

Full Name (Last, First, Middle Initial)

A. Early Edge Action

Mailing Address PO Box 1563

City State Zip Code
Billings MT 59103

Purpose of Disbursement
Nonfederal contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2015

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB21.4122

B. Friends of Steve Bullock

Mailing Address PO Box 1330

City State Zip Code
Helena MT 59624

Purpose of Disbursement
Nonfederal contribution-Primary 2016

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Amount of Each Disbursement this Period

650.00

Transaction ID : SB21.4131

C. Friends of Steve Bullock

Mailing Address PO Box 1330

City State Zip Code
Helena MT 59624

Purpose of Disbursement
Nonfederal contribution-General 2016

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Amount of Each Disbursement this Period

650.00

Transaction ID : SB21.4142

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6300.00

6300.00

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United States Senate

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OFFICE OF PUBLIC RECORDS

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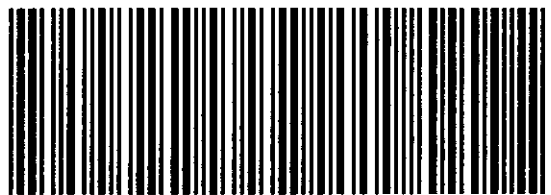
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2/28/2015

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SEN PATCH



SEN PATCH

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